

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	APP	1027	2/16/01
RESPONSE FORMALITY REVIEW	TR	712	03/29/01
			06-07-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓ V N
2	✓ V V
3	✓ V V
4	✓ V V
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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